

DEPARTMENT OF HEALTH

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BOARD OF HEALTH
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P.O. BOX 56, 19 MOORE STREET
BELMONT, MASSACHUSETTS 02478

2014 Season Farmer's Market Food Permit - Application Fee \$50.00

1) Name Of Applicant:		
2) Name of business if different than applicant:		
3) Business Address:		
4) City:	State:	Zip:
5) Business Telephone #		
6) Cell Phone#		
7) E-Mail:	Webpage if applicable:	
8) <u>List all food</u> and food products to be sold at the Belmont Farmer's Market (Ex: pies, cakes, jams, jellies, breads, sauces, spreads, etc.) ^o * _____ * _____ * _____ * _____ * _____ * _____ * _____ * _____ * _____ * _____		
^o Attach copy of current license from your local health department or other regulatory agency		
9) List the name and address of distributors, suppliers, meat or poultry packing plants for any product not packed or processed at your business location ^o . * _____ * _____ * _____ * _____ * _____		
^o Attach copies of other applicable licenses such as FDA plant licenses, licensed kitchens or commissaries, <u>also include a copy of your most recent inspection.</u>		
10) Signature Of Applicant _____ Date: _____		